

—small or none are to be taken; & nothing containing water, like whisky, salt-water, beer, &c. & dried salts of all kinds; & strong &刺激性的 foods to no
THE

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NEW PHYSICAL SIGN.

By Henry J. Bigelow, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

This is a rapid ticking sound in the throat, audible across the room, involuntary, and independent of circulation or of respiration, a phenomenon interesting from its anomalous character rather than its diagnostic value.

The subject who presents this curious physical sign is a rather pretty girl of 17, small in stature, and of healthy appearance—Jane McMurry, of Derry, N. H. To her physician, Dr. Wallace, of Derry, I am indebted for the opportunity to examine this interesting case.

From her own account, which is here subjoined, her general health has been impaired for some years past. Five years ago a piece of tobacco was inserted in her right ear by an old woman for an earache. Of this piece of tobacco the patient saw no more at that time, but at the end of a month, and for three subsequent months, a physician made frequent attempts to extract it, and succeeded on one occasion in removing a portion of what was said to be tobacco. At the end of a year two more fragments were extracted, with some force, after the use of some caustic or “burning” liquid.

During this year the pain in the ear and right side of the head continued, and with, at one time, considerable swelling in the region of the ear and parotid, threatening, as her physician stated to her, to open and discharge.

During three subsequent years the head was frequently painful—the pain sometimes darting; at other times conveying the sensation of cold water in the cavity of the cranium; these symptoms being chiefly confined to the right side, and occasionally so severe as to make the patient cry, confining her to bed several days at a time.

In March, 1846, the right side of the face swelled as before, the tumefaction occupying chiefly the region of the cheek, mastoid process and parotid, and the patient, while lying in bed a few days after the attack, first heard this noise. It commenced suddenly, the patient being at a loss to account for it; a little slower than at present, but the same in character. Since then, it has continued with little intermission. There has been no discharge from the ear, other than that following the violence used in the extraction of the supposed foreign body, nor has the hearing been affected. The mastoid region has been at times universally

tender, and now presents a sensitive point a quarter of an inch in diameter at about its centre ; though the pain in the head has been, during the last year, comparatively slight.

A person sitting in the room with this patient, hears a distant muffled sound, which might easily be mistaken for the rapid dropping of water into the pail of a closed washstand. The sound may be conveyed by the words *click click click*, or occasionally *click-click*, *click-click*, &c. The patient being now requested to open her mouth, the sound becomes surprisingly distinct and audible, and the parts being apparently stimulated by the effort or by the contact of the air, the ticking becomes rapid, sometimes single, sometimes reduplicated, irregular, pausing for an instant, then giving six or eight explosions in rapid succession, to be again followed by pauses and single or double vibrations as before. It is now no longer muffled, but sharp and distinct, deriving a little cavernous intonation from the fauces or larynx, but otherwise resembling the snapping of the finger-nails or of a quill pen, the distant sound of castanets, or, which is a better comparison, the irregular clicking of the electro-magnet attached to the telegraph, to which it was very happily compared by my friend Dr. Gould. All this while the patient sits quiet and unmoved, as if unconscious of anything unusual. It is not, however, so. Upon being questioned, she refers the seat of the noise to a point on the right side of the neck, near the summit of the thyroid cartilage, and upon it. This is discovered by the touch, and by the stethoscope, to be the maximum of the vibration. The noise can be stopped by pressing upon this point so as to displace the larynx. The patient refers to this point a sense of "*drawing*" when the chin is carried to the left, and of "*something running into*" or penetrating the tissues when the chin is carried to the right so as to compress the region. But besides this, and a considerable sense of "*soreness*" which exists in the neighborhood, she experiences no inconvenience from the noise.

Internally the fauces are red ; and in this region is found an important feature of the case. The uvula is alternately and spasmodically retracted and relaxed synchronously with the explosions ; sometimes four or five times in a second. This spasmodic muscular action is extended to the soft palate and to the pillar of the right side, and the whole appearance is such that in looking for the first time into the throat all difficulty in the diagnosis seems to be at an end. The sound appears to come from the soft palate. Yet I think this is not the source of the sound. The uvula can be seized and drawn forward, and the soft palate may be compressed against the vertebral column, and the noise goes on ; less rapidly, to be sure, but I think unequivocally. Besides, the maximum of the sound is not in this region.

Upon depressing the tongue, the epiglottis is brought into view rather low down, but motionless while the noise continues.

What, then, is the source of the sound ? 1st, as regards its seat. This seems to be at the point before alluded to ; viz., just below the summit of the thyroid cartilage on the right side. 2d, the *motor power*

is doubtless a spasmodic action of the muscles of the neighborhood of the fauces or larynx. This action is analogous to that of chorea; on the other hand, it is quite likely that the spasmodic action is induced by the irritation of the neighboring bone, if it be diseased. 3d, as to the proximate mechanism of the sound. This point, of chief interest in the case, is unfortunately of doubtful character. Two mechanical combinations, and only two, appear to me sufficient to produce a sound of this nature. Of these, one is the rapid passing and repassing of two hard surfaces, in contact with each other, like the movement by which the finger and thumb nail are snapped together. Two broken portions of the os hyoides, or of an ossified cartilage, might produce, by the aid of the muscles, a crepitus of this anomalous character. Yet it is probable that the impinging fragments would be worn smooth in time, and the sound thus modified. At any rate there is no discoverable discharge of pus or blood which would accompany fracture or necrosis in this region. The evidence is against such a condition of the parts.

The other explanation of the sound lies in an alternate opening and closure of the moist mouth of a sac, by which a bubble of air is expelled at each contraction, and a bubble sucked in at each dilation of its cavity. Such a sac exists between the vocal cords, or might be formed at one extremity of the os hyoides, with a fistulous opening.

Of these, the former suggests, on the whole, the most probable explanation, though the extreme distinctness and the force of the explosions, and above all their great rapidity, render it difficult to embrace this supposition.

Such a solution of the cause of this singular sound is far from satisfactory, yet it is difficult to adduce any additional evidence of its nature. The patient was examined by many medical gentlemen before and during her visit to Boston, both at the Hospital and at the Society for Medical Improvement, to whom I presented the case.

In relation to the medical treatment to which the patient has been subjected, it may be stated that before her entrance into the Hospital a great variety of tentative remedies had been adopted. Among them were a course of electricity during seven weeks—two setons of five and seven weeks respectively—blisters, leeches, iodine, and internal local cauterization—all without effect. An external application of the ointment of veratrine suspended the spasmodic action, and also the noise, during a number of hours, when it again recurred. During her residence in the Hospital, I deemed it unnecessary to harass the patient by repeating applications which seem to have been faithfully tried; and the patient has been altogether unwilling to submit to the division of one of the pillars of the palate which I proposed to her. If the spasmodic contraction can be considered to partake of the nature of chorea, the age of the patient renders the spontaneous termination of the affection not improbable. On the other hand, if it be provoked by any inflammatory state of the hard parts, it will not improbably subside when this affection, which seems to be diminishing, shall disappear.

CREOSOTE IN VOMITING.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—In the last No. of your Journal I found a few remarks, taken from the Buffalo Medical and Surgical Journal, in reference to the use of creosote in vomiting; and as the following case is one in point, I transmit it to you for publication.

A daughter of Dr. D. E. Brown, at 4 years, was taken on the 7th day of this month (October), with a slight chill, accompanied with obstinate vomiting, and followed by high fever, without any abatement of the sickness of the stomach. Calomel, morphine and camphor, severally and combined, together with the use of enemas, and of hot applications externally, were resorted to, and every means which the skill and experience of her father could devise were brought into requisition to allay the irritation of the stomach—but without success. For five days it continued to baffle every effort for its subjugation, the stomach rejecting everything that was taken into it, even to a teaspoonful of water. On the fourth day of the disease, a slight evacuation from the bowels had been procured; the discharge was white and watery. On the evening of the 12th (the fifth day of the disease) I saw her for the first time. Her appearance was alarming in the extreme. She was lying in a semi-comatose state, her eyes fixed and glassy, her countenance pale and Hippocratic, respiration slow and laborious, pulse frequent, and so small and thread-like as to be scarcely perceptible, the extremities and the whole surface of the body cold. Everything taken upon the stomach would be rejected in a short time, and spontaneous paroxysms of vomiting were recurring every few minutes. The use of the creosote was now agreed upon. One drop in a little syrup was given, but was thrown up in about three minutes. Two drops more were immediately administered, which were retained. The lower bowels were now distended with enemas of milk and water, in which were contained a little common salt, and frictions and hot applications externally were made use of. From this time, the stomach became and continued quiet, and in about an hour the injections came away, bringing with them a considerable quantity of fecal matter. Two grains of quinine and twenty drops of brandy in a tablespoonful of water were now given. The pulse gradually lessened in frequency, and increased in strength and volume; the eyes and countenance assumed their natural appearance, the breathing became easier, and the surface and extremities warm. Nothing further was done until morning, when a little hicken broth was given, and an enema, containing five grains of quinine, thrown up the bowels. The broth was retained upon the stomach, and constituted the first article of nourishment that had found a moment's resting place there for five days. From this time her recovery was rapid and complete, not the slightest return of the vomiting having taken place since the second dose of creosote was given.

I have had occasion to make use of the creosote in several cases of obstinate vomiting, prior to the one now reported, but never before have

I witnessed so happy an exhibition of its virtues. Where a high degree of arterial excitement, with a flushed countenance and hot skin, accompany the morbid action of the stomach, I should be very much inclined to doubt the propriety of its administration; but when the system is prostrated, the pulse thread-like, the countenance bloodless and the extremities cold, it may be resorted to with a prospect of success which but few if any other agents can afford. A. W. MACK, M.D.

Schoolcraft, Mich., Oct. 16th, 1847.

IODIDE OF POTASSIUM.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—I have just had an opportunity of observing the peculiar effects of the iodide of potassium, when given in very small quantities, and if you think it of any consequence, please give publicity to it in your Journal.

Our modern works on *materia medica* mention, among the other effects of the iodide of potassium, that of causing, in some cases, an irritation of the mucous membrane of the air passages, simulating a cold in the part, and also that it may excite ptalism, without inflammation or fetor. These consequences seem to be only occasionally noticed, however, even where the remedy has been continued for a long time. But it certainly varies greatly in its operation.

I have just had occasion to give it to a patient who has been long troubled with articular rheumatism, and suffering under a consequent debility. It was given in a dose of twelve grains, in a little more than half a pint of the syrup of sarsaparilla, the whole to be taken in the course of four or five days—making, of course, each dose very small. Having taken it three or four times, there came on the affection of the mucous membrane of the air passages, and a slight, though strongly-marked, soreness of the *gums*, accompanied with headache and slight nausea. I could not account for these effects, except that they were caused by the iodide. They are spoken of, I believe, in all our late works on *materia medica*. The patient was directed at once to abstain entirely from the further use of the *syrup*, and immediately these difficulties disappeared. It appeared to me a clear case.

The circumstance seems worthy of notice, from the fact that at present there are so many discrepancies among the cases in which the remedy has been used. And certainly since there are such cases, and perhaps not a few, showing this doubtful effect, facts should be given, so that a more general principle may be established with reference to its use in certain diseases. Many, and with great justice, extol its curative power, and in many cases there is no doubt of this power. At the same time, since cases are reported where various, severe, and even dangerous symptoms have followed its use, a careful investigation is demanded. Undoubtedly it is often given when contra-indicated. But are there any certain pathological conditions which plainly and always indi-

cate its use, and must we regard these occasional unfavorable instances as a plain violation of these conditions, or a result of some peculiar idiosyncrasy of the patient?

I am more bold to speak of the above case, inasmuch as I have heard some physicians allude to the same effects, and not a few such cases are reported.

S. AUGUSTUS LORD.

Danvers, Mass., Oct. 22, 1847.

CONTRACTILE POWER OF THE MUSCLES IN FRACTURES.

[Communicated for the Boston Medical and Surgical Journal.]

MR. JABEZ HOWE, of Marlborough, Mass., requested me to visit his son, not quite 3 years old, who had the bones of his leg fractured, as dangerously as could be, and also the muscles and tendons of the same most severely bruised and cut, by means of a cart wheel passing over his leg, with six feet of green wood on the cart, and on solid ice. Mr. Howe was extremely anxious to have me adjust the bones immediately. I attempted to reason with him by stating, after a careful examination, that I was not able to discover a piece of bone an inch long in either the tibia or fibula, from the knee to the ankle, and therefore amputation would be indispensably necessary in order to save his son's life. He then remarked to me, I shall never blame you if the child dies, only use your best skill and judgment in the case, and I believe you will succeed, for it is my fixed determination, that if he must go to the grave he must have two legs. I then stated to him, that in my opinion, he had more confidence in my skill, than I or any other physician or surgeon on earth possessed. Nevertheless, I said, since you are so sanguine in your resolution, I will try to adjust the bones. And, thanks be rendered to God, the trial was efficacious; for he has now two as good limbs as any person enjoys. He neither toes in nor out more than with the other foot, nor is the leg longer or shorter than the other. The boy is now over 17 years of age, and no one would be able to discover which was the fractured leg, excepting where the tire, which was new, went on at the knee and off at the ankle, the skin to the size of two and a half inches in length, and an inch and a half in breadth, of semi-lunar shape, having been cut out.

Perhaps those just commencing their profession would like to be informed of the manner of treatment. The bones being reduced to their natural position, the muscles were kept elongated until the many-tailed bandage was applied and pinned. Then the splints, being of white maple, were applied; they are about three fourths of an inch wide, and about a twelfth of an inch in thickness, planed smooth, wider at the calf of the leg than at the ankle. They are covered by firm drilling cloth, which is sewed between each splint. In consequence of the wound sustained at the knee and ankle, the leg was dressed forty-five days in succession, excepting one. The Kittredge ointment was used daily. To preserve the integuments from mortification, new rum was

used so freely as never to allow the bandage to get dry, until forty-five days had elapsed. Although adults are much annoyed by pain, just before and during a storm, in their once fractured bones, which otherwise are perfectly cured, with him there is no such trouble. I believe now amputation might be prevented in many instances, if proper treatment were used. In proof of this, I hope to publish other cases of a similar kind.

BENJAMIN W. HILDRETH.

USE OF ETHER IN SURGERY.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—If it is unpleasant to witness the unwillingness manifested by some of the profession in other cities to employ the ether, it is equally gratifying to observe that its utility is appreciated by those who must at last bring the profession to a sense of its merits. The following is from the Philadelphia North American and United States Gazette, and I believe that a few more such letters, from responsible sources, will be the means of doing away with much existing prejudice. The editor of the Gazette above named, makes the following remarks respecting the writer of the letter. "The letter on the subject of the letheon, and the case which the writer witnessed of its application in a painful amputation in the Massachusetts Hospital, will be read with interest. The writer is a Philadelphian, and, although not a medical man, a gentleman of the highest scientific reputation, competent to observe understandingly the effects which he describes so well."

Boston, October 25, 1847.

As a grain of observation is worth many *scruples* of theory, I venture to state a plain case of the beneficial use of ether which recently fell under my notice. It is not more important, perhaps, than many others which have, doubtless, come to the knowledge of your readers. Indeed, I understand that one at least among the surgeons of our city—one whose name alone is a tower of strength in our community—freshly fortified by his own well-directed efforts, is already making known the beneficial effects of the letheon.

Being invited by a friend, while in Boston, on the 27th of last month, to visit the Massachusetts General Hospital, I was taken through the numerous apartments of that most excellent establishment, until we arrived at the male surgical ward; where, among other patients, was a laboring man who had, four or five days previously, been shockingly wounded by a collision between two rail-road cars. The bruise was at the ankle, almost completely severing the foot. Serious as the wound was, attempts had been made to cause the parts to unite, but in vain—mortification had commenced. A high state of inflammation appeared to exist just above the wound; the bones were actually exposed, and there was no hope of saving the patient's life, but by amputation. This, I was informed, was to take place that very morning, and that

etherization would be applied. I therefore gladly accepted an invitation to witness the operation. We repaired to the operating room; the patient was brought in, and during the preliminary examination, and the application of the tourniquet to prevent loss of blood, showed, by indubitable symptoms, the extreme sensibility of the parts, and the tortures he must endure unless protected against them by some extraordinary sedative. When all was ready, a quantity of ether was poured upon a sponge, applied to the nostrils, and its vapor inhaled. While Professor Hayward attended to the inhalation, Dr. H. J. Bigelow stood ready with his instruments to take advantage of the moment when the patient should become insensible to pain, to commence his operation. A very few minutes sufficed for this purpose, as was seen by the impunity with which the mangled limb could then be handled, and the ghastly wound probed and examined.

The "circular cut" was made midway between the ankle and the knee—the usual flaying up of the integuments for one or two inches all round, was completed, the muscle again cut through, the saw applied, and the limb detached in the space of three and a half minutes. No sign or symptom of pain was manifested by the patient. Seven minutes and a half more were taken up in securing the arteries, bringing down and disposing the integuments and removing the bandages that had prevented loss of blood. Dr. Warren Jr. and Dr. Parkman were present, and assisted in the operation. In a few moments after the whole was over and the application of ether discontinued, the patient recovered from his insensibility. He experienced no inconvenience except a little nausea, which was soon relieved; and being questioned as to his sensations during the amputation, said that he had no recollection of anything that had been done.

While still under the effects of ether, after the limb was removed, he had been asked whether he was ready to have his leg taken off, to which he replied "yes—you may do anything you like with me now." It happened that on the very same evening another patient was brought into the Hospital, bruised in the same part, and in the same manner. Upon consultation it was determined at once to amputate. This latter operation I did not witness; but the friend who had accompanied me at first, assured me that the result of the ether was perfect, and that both patients were left doing well.

Should the above plain statement lead any of your readers to examine this subject, and apply it to the more general relief of suffering humanity, the purpose of the writer will have been accomplished.

W. R. J.

THE D.D.S.'S OF THE BALTIMORE "COLLEGE" OF DENTISTRY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR.—A very amusing communication appears in your Journal of the 13th inst., affecting to be a reply to certain strictures of mine,

relative to the character of an institution styled the "College of Dental Surgeons." The writer has hit upon a profoundly original mode of defending the establishment with which he is connected—a mode of defence which speaks volumes for the intelligence, the good sense, and the respectability of his "College." Through two pages and a half this "A.M., " "M.D." and "D.D.S." pours forth a little torrent of childish, whimpering, petulant, peevish abuse of that "certain man who signs himself A. C. Castle, M.D., " and then lays down his pen triumphantly, exclaiming—"I have saved the College; alone I did it!"

Mr. Editor, I plead guilty to the awful charge which has been preferred against me. It is quite true that articles of mine have been published in the "London Lancet." I have not a word to urge in my defence. I am quite aware that the crime of writing articles which have received the approbation of the editors of the Lancet, is a damning one in the eyes of the magnates—the most learned "Doctors" of the Baltimore College of Dentistry. I have nothing left but calm submission to my fate.

The modest pretensions of this worthy advocate of the College, will not be at all surprising to the few who know anything at all about that amusing establishment. These Baltimore oracles of dentistry remind me very much of the hangman in Barnaby Rudge, who was continually exclaiming against the "unconstitutional" mode of depriving men of their lives by soldiery, when there was such a sublime institution as Newgate, with himself as "special pathological professor," to do the business! These gentlemen—happy in such a courteous and amiable defender—appear to think that a refusal to submit to their orthodox process of "noosing" is most decidedly "unconstitutional," "unpathological," and unbecoming a gentleman!

No doubt it is annoying that my papers should have been published in the London Lancet. It is really too bad that I should become "notorious" by such nefarious means. However, it is consolatory to reflect, that this gross criminality is not likely to be shared by any member of the "College of Dentistry." From the specimens we have had of the attainments of the "professors," there is not much room for serious apprehension that they will become liable to the awful imputation of being contributors to journals of such "notoriously" bad character as the London Lancet. *They* will continue to shine in the universally-circulated pages of their own Baltimore Journal of Dentistry, whilst such miserable wretches as myself heap perdition on our heads, by contributions to the London Lancet. *They* will chant the romantic story of their life in miles of delightful verse,—

"In linked sweetness long drawn out"—

whilst we narrate our dull, prosaic "cases." *They* will vent their petty, infantile spleen, in tones

"Faint as a chicken's note that hath the pip,"

whilst we, doomed in our impenitence, go on writing for the "Boston Medical and Surgical Journal"!

I plead guilty to another awful crime. I did indulge in a little playful humor with regard to the mysterious-looking "D.D.S.," but really I did not imagine that that would have given such mortal offence to gentlemen who have notoriously so great a horror of titles. Judging from his advertisements, the individual who has taken up the cudgels for the College, has a great contempt for titles, and he ridicules the idea of my extraordinary and unheard-of impudence in affixing the initials "M.D." to my signature to a communication addressed to the editor of a medical journal. Well, now, I am not so wicked, after all, as to be insensible to the sufferings of the "D.D.S.'s." I shall not, hereafter, on any account, interpret these letters as meaning "Doctor of Dental Stupidity." What, then, *do* they mean? Doctor of Dental Sagacity? Doctor of Dental Scurrility? Pray good Mr. A.M., M.D., D.D.S., do tell us what you mean by these letters.

What, let me ask, has this College of Dentistry done for the profession? Am I alone in the views which I entertain with regard to it? We all know that the New England States have produced the most eminent and successful surgeon-dentists in this country. Are *they* all members of this "College"? Not at all. The men who really constitute the respectability and worth of the profession have little to do with this "College," and certainly possessed some of the accomplishments which adorn alike professional and social life before this "College" was ever dreamed of for the manufacture of "D.D.S.'s." Hardly was the little fledgling out, when almost every city on the face of the globe was ransacked for objects on whom to bestow the honorary miraculous D.D.S., which was to invest the fortunate possessor with the most extraordinary attainments and virtues. Thus it was, that Sir Samuel Cartwright, Brewster and others, suddenly on awakening found themselves famous! They were actually D.D.S.'s! But, alas!

"Twas happiness too exquisite to last!"

In an evil hour, deserted by their guardian angels, who mayhap fled in terror from the awful D.D.S., these illustrious men pronounced in favor of amalgam, and immediately the "College," in solemn conclave, *expelled* them from their venerable halls, and thus covered them with ignominy forever! Ah! cruel "College," was it not enough to dub them "D.D.S.?"

I am aware, Sir, that your pages ought to be more profitably employed than in a discussion of the merits of this "College;" and I shall not at all events trouble you with any reply to the merely personal invective of your irritable correspondent in Baltimore. Had the "College" been organized on a broad, liberal and independent basis—had its objects been solely the general advancement and elevation of an important department of science—had the silly title of "D.D.S." been left out, and more sensible means employed to attract attention, it would have commanded the regard and patronage of the mass of the profession, who, with myself, stand wholly aloof from it. As it is, I fear it does not even "pay"—the great test, after all, even with "Colleges."

It has not succeeded even in "catching the gudgeons" beyond the limited "haul" which the published list of "Professors" indicates. What success may attend the new association of surgeon-dentists in the great city of New York, now about to be organized, time will show. I hope it will avoid the blunders of the Baltimore "College."

And, now, I leave the "College" and its "A.M.'s," its "M.D.'s," and its "D.D.S.'s," and its most amiable defender. They have not at present much to do, and they are very faithful in doing it. Their motto is, "Tickle me Eleazer, I'll tickle Jahial, and 'the class' will tickle Eleazer." I would not for the world disturb such an interesting process of titillation. Therefore,

"No longer seek their merits to disclose,
Nor draw their frailties from their dread abode!"

I am, &c. A. C. CASTLE, M.D.

New York, October 25, 1847.

DR. CASTLE'S CASE OF EPILEPSY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have seen, with great surprise, in your Journal of the 13th inst., a communication casting imputations on the authenticity of the case published recently in your pages by Dr. A. C. Castle, of this city. In justice to that gentleman, and in order to rebuke this flagrant attempt to falsify and misrepresent him, I beg leave to inform you that that case was communicated to you by Dr. Castle, *at my request*. I was cognizant of the case, and regarded it as worthy of record, in which opinion I was glad to find that you coincided.

As to the cases published by the same gentleman in the London Lancet, I can say that many of them, also, I knew, and had the pleasure of witnessing the success of Dr. Castle's treatment.

Dr. Castle is too well known in this region to be injured by what I must call this malevolent attack on his veracity. But as the gross charges of your correspondent in Baltimore might possibly gain some credence in other quarters, I deemed it proper to make this brief refutation of them. Doubtless Mr. Bond wrote in a very irritable state of mind, but no paroxysm of passion can excuse such gratuitous assertions as he has made, involving the honor and rectitude of a highly respectable professional gentleman. I am, with great respect, yours, &c.

New York, Oct. 25, 1847. JAMES A. HOUSTON,
Late Editor "New York Lancet."

[In addition to the above testimonial, there has been received a similar one from Dr. J. Wheeler, ophthalmic surgeon, of New York, who was the subject of one of the cases published in the London Lancet; also a certificate from F. U. Johnston, M.D., President of the New York County Medical Society, of the "professional merits and private worth" of Dr. Castle. A letter from Dr. A. W. Jones, dentist, is sent by him to verify another of the Lancet cases.—ED.]

CHLORIDE OF GOLD IN GRANULAR LIDS.

By W. Clay Wallace, M.D., New York.

[Communicated for the Boston Medical and Surgical Journal.]

In granular lids I have found the greatest advantage from a solution of six or eight grains of chloride of gold to an ounce of water. When the vegetations were large, they were previously removed by running over them very lightly a pencil of lunar caustic, and covering the cauterized surface with oil, every third day for two or three applications ; and afterwards by means of a pencil, very sparingly painting the granulations with the above solution daily. If carelessly applied, as by dropping it into the eye, it occasions unnecessary irritation, and a permanent yellowish hue of the conjunctiva and eyelids.

About a year ago I vainly attempted to remove, by lunar caustic, a tumor somewhat larger than a coriander seed, occupying the usual situation of *pterygium pingue*. I then cut it off and applied lunar caustic to the wound, but in a week it was nearly as large as before. At the end of another week I pared it from the sclerotica as closely as I dared, and applied lunar caustic again, without better success. I then carefully touched it every other day with the solution of gold, and in about a month the tumor disappeared.

In recent cases the chloride of gold is inferior to the nitrate of silver in curative effects, and it occasions far more irritation ; in chronic thickened lids, on the other hand, it is vastly superior.

90 Chambers St., New York, Oct. 25, 1847.

OPERATIONS FOR FEMORAL ANEURISM.

By Charles Bell Gibson, M.D., Professor of Surgery in the Medical Department of Hampden Sidney College, Richmond, Va.

PATRICK M'VASTRY, æt. 45, a prisoner in the Maryland Penitentiary, presented himself to me, on the 25th of June, with a large tumor occupying the greater part of the inguinal triangle (Scarpa) on the inner and anterior part of the left thigh. Its true nature was immediately discovered, and the patient put in preparation for an operation. From the close approximation of the aneurism to the crural arch, it was deemed expedient to tie the external iliac artery, and after a week's preparatory treatment, consisting in the regulation of diet, and attention to general health, I performed the operation on the 2d of July, assisted by my friend, Dr. Alfred Baker.

The patient being placed on a narrow table, with the shoulders elevated, an incision, three inches and a half long, was made about an inch above and parallel with Poupart's ligament, commencing opposite the anterior superior spinous process of the ilium, and ending a little above the external ring.

The first cut divided the skin and superficial fascia, and exposed the tendon of the external oblique muscle, which was next divided to the

same extent on the director. The lower margins of the internal oblique and transversalis were now formed and divided to the extent of three quarters of an inch, upwards, when the fascia transversalis was exposed and torn with the finger nail, and the artery then discovered on the inner border of the psoas muscle, covered by the sheath it receives from the fascia iliaca.

The director was here used to rupture the sheath, on the inner side of the artery, and detach it from the vein, and when the whole circumference of the artery was thus cleared, the aneurismal needle, armed with the ligature, was easily passed around it, from the inner side above the epigastric.

The ligature was now drawn firmly and tied, and the pulsation in the tumor instantly ceased. The divided internal oblique and transversalis muscles were carefully adjusted, the wound sponged clean, and the edges brought together by the interrupted suture and adhesive straps, leaving merely space for the passage of the ligature.

On the third day after the operation, the wound was examined and union found to have taken place by the first intention, with the exception of about a quarter of an inch around the ligature. The sutures were cut out and the straps retained. A slight discharge had stained the compress. The wound was dressed daily. On the twenty-first day the ligature was drawn away with a very slight effort, and the opening left, gradually contracted and healed.

About ten days after the operation, the patient drew my attention to another tumor about the middle of the femoral artery on the opposite thigh, also aneurisinal, and the size of a large walnut. I tied the femoral artery on this side, in its upper third, in the presence of Dr. Baker, Dr. Brockenborough, of Richmond Co., Va., and Mr. Crittenden, a student from Virginia. The pulsation ceased immediately on the application of the ligature. The wound also healed by the first intention, and the ligature was detached on the eighteenth day.

The patient is now entirely well, and almost strong enough to resume the usual labor of the convicts.—*Amer. Jour. of Med. Sciences.*

ON A NEW STETHOSCOPIC SIGN.

THE following communication was made by Dr. Christophe, to the Gazette Médicale, and appeared in that Journal of the 21st of August last. The author says:—

"For about fifteen years, I have remarked, about a score of times, a resonance of voice intermediate in character between well-marked bronchophony and ægophony. It occurs as a trembling vibration of the voice, but short, feeble, and not prolonged, as in ægophony. One may form an idea of the sound by dividing that of ægophony into two parts, and by taking account only of the first part, by abstracting the second; that is to say, by omitting what constitutes the final characteristic tone (*timbre*) of the bleat of the goat, or of the voice of Punchinello. I

have called this sign ægony, because it is a diminutive of ægophony, and that it may be considered as a part of that sound. Ægony is characterized by a short vocal resonance, somewhat tremulous when monosyllables are articulated. This character is always the same, in whatever position the patient is placed: the sound does not change to ægophony, to revert again to ægony. It increases and diminishes, but insensibly, and that in a considerable interval. It may disappear upon cure; most often it remains a long time stationary; but when the patient is about to succumb, ægony is altered by the sounds which attend the breaking up of the tubercular matter.

" This symptom has also its distinct pathological and anatomical significations. Ægony is always heard between the scapulae, at their inner borders, and especially at the middle or upper third of the latter. I have often found it stronger on one side than on the other, and more on the right than on the left side. It almost always coincides with a painful spot, as large as a shilling, situated at the upper third of the inner border of one or the other scapula, and especially of that which presents the ægony in the most marked degree. This painful point is fixed and permanent, or, rather, it is liable only to be suddenly altered by certain movements of the scapula and of the arm.

" Ægony indicates an old-standing pleurisy, and also a latent but actual chronic pleurisy, such as sometimes precedes tubercular disease. It is always accompanied by thickening of the pleura, and by adhesions of the pleuræ, with strong bands and false membranes.

" Autopsy has mostly revealed a thick crop of tubercles in the corresponding part of the lungs, which are indurated, and sometimes traversed by ramifications of the bronchi, deformed and flattened. On one occasion the stethoscope detected tubular respiration over a space the size of a shilling; and several times I have perceived deep cavernous breathing, and almost always autophony. This last phenomenon is explained by the fixed and resisting opposition that the indurated lung offers to the vibrations of the voice of the auscultor, whilst the thickening and hardening of the pleura produce ægony by the tremulous resistance thence opposed to the bronchophonic vibrations of the patient.

" The conclusions at which M. Christophe arrives are:—1. When ægophony is present, an effusion, either disseminated or collected, always exists. 2. In simple ægony, such never exists. Thus the latter signifies a chronic, dry, and pseudo-membranous pleurisy, accompanied generally by a subjacent induration.

" Most of the subjects in whom I have met with ægony, were affected by gastro-intestinal engorgements; subject to cold and shivering, and liable to get colds. I have also marked in them a pale and somewhat yellowish complexion, especially about the nose and lips, shrunken features, a dry cough, with sometimes the expectoration of whitish pellets of mucus, thick and shining."

These observations the author has made known, that their truth may be tested, and that their value in diagnosis may be verified.

The stethoscopic sign which M. Christophe has made known, seems to

be, certainly, rather finely drawn. Every person who has attentively examined the chest in disease, must have often experienced some difficulty in distinguishing between bronchophony and ægophony, by meeting with sounds which might almost indifferently be referred to either ; but we have hitherto heard of no one who has developed a new sign from these mid sounds, and named it ; yet we may suppose some of them may be pretty constant in certain conditions, and characteristic of those conditions, as M. Christophe represents. Allowing the sound of ægony to be a distinct sign, our diagnosis must no longer be confined to noting bronchophony, in all its shades, from ægophony, but we must take this new sound, ægony, standing midway between the two, and distinguish it from either—a task we believe not very many will attempt, and one requiring nice ears and nice discrimination, and, withal, having no very direct bearing upon therapeutics. However, the laborer is worthy of his hire, and M. Christophe is certainly praiseworthy for his accurate exploration of the chest in disease, both by the ear and by *post-mortem* examinations.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 3, 1847.

Sending Consumptive Patients North.—A recent traveller mentions the curious circumstance, that the customs of Asia are in many respects diametrically opposite those of Europe. For example, we eat with knives and forks, the Turk with his fingers. We shave off the beard, they coax it out as long as possible. We dress in tight clothes, they in loose. We sit in chairs, they squat on cushions. We have one wife, they four; and so on through the whole organization of society, the contrast becoming even more striking in some of the minor details of domestic life. From a recent conversation with a medical practitioner belonging to the State of Tennessee, we learned the novel fact, that a decided advantage is realized by consumptive patients of the middle and southern States, in going North instead of South. Here, in latitude 42, when the easterly winds begin to prevail—and they blow triumphantly for a long time in the spring—the opinion is universal, that persons with irritable lungs, those afflicted with deep-seated coughs, more especially such as have a decided tendency to phthisis, should go somewhere South. No very definite idea appears to be attached to this expression—as, since the Mammoth Cave lost its reputation, no one place holds a preference over another in respect to its sanitary advantages for this unfortunate class of persons, unless it be St. Augustine and the region round about. To go South, in short, simply means (and it is a point of commendable ambition) to get somewhere beyond the searching influence of these chilling, damp winds. One finds Charleston, S. C., agreeable; perhaps another wends his way to Georgia; and some find an El Dorado in the bland climate of Louisiana or

Florida. These peregrinations are induced by a supposed necessity, consequent upon the inefficiency of medication at home; and thus gentlemen and ladies from the New England States, feeling compelled by the force of circumstances to leave their own happy fire-side associations, so strong is the love of life, are strewn, as it were, along the Atlantic coast, to the verge of the southern boundary of the Union. At those same inviting regions the native inhabitants are prone also to pulmonary consumption, but not to the extent that marks the statistics of that disease at the North. Still, lesions of the lungs and tuberculous phthisis are frequently recognized, and the laws which govern their progress are as difficult to control there, as in the frigid climate of the northern States. When a change of location is advised, however, instead of creeping onward farther South, the gentleman, with whom we have been conversing, argued with much ingenuity to prove that they should hasten North, and that their only chance of a permanent restoration depended upon that movement more than any other. He called to his aid some cogent facts, besides dwelling with enthusiasm on the philosophical principles involved in the proposition.

Without contending with any one on the doctrine of contraries, as going South from the North, and North from the South, to allay symptoms and tendencies similar in character, we prefer that those most familiar with the results of such practice should discuss the subject—and whatever light may be exhibited, if it is truly light, will be received by us and the profession with feelings of gratitude.

Malignant Fever and Vomito Prieto.—William Ingalls, M.D., formerly an active practitioner of Boston, whose mind still indicates the vigor that should characterize every author, has quite recently brought out a small "Treatise on Malignant Fever and Vomito Prieto," which was ready for the press as long ago as 1842, but he was influenced to lay it aside at the time on account of Dr. Shattuck Jr.'s translation of Baron Louis on the same subject. But coming into possession of a work by Dr. Robert Jackson, in which cold water is recommended in yellow fever, Dr. Ingalls was again put upon a train of thought that had occupied him in former times, and this has finally led to the publication of the laid-by manuscript. Dr. Ingalls gives a synopsis of the views of Dr. Robert Jackson, Louis, &c., respecting the yellow fever, and then speaks of ventilation, cleanliness, theory, diagnosis, prognosis, duration, and, lastly, black vomit, in a clear and distinct manner, showing how deeply and deliberately he has weighed the whole subject. In September, 1819, a malignant fever prevailed in the then town of Boston, in the neighborhood of Fort Hill, which was satisfactorily traced to the ship Ten Brothers, a sickly vessel, then lying in the harbor. One day after the arrival of the vessel, August 2d, Dr. Ingalls visited a sailor belonging to her, and within two days more, two others, and from these, it appears, the disease spread, till the excitement was universal among the inhabitants of the town. A series of letters were written on the history, nature and treatment of certain types of the fever, addressed to P. P. F. Degrard, Esq., which were probably issued in the daily papers of that period, for general reading. All these have been collected, and now constitute a prominent part of the volume—after which, succeed remarks on the Yellow Fever, in a letter addressed to the author's son, Wm. Ingalls, Jr., M.D., at Laurel Hill, Louisiana. Lastly,

an Appendix of 32 pages is devoted, first, to an inquiry that we profess to know but little about, viz., the treatment of yellow fever homeopathically; and, secondly, the structure and functions of the spleen, which is a valuable contribution to the archives of pathological anatomy. This, after all, is the department in which this gentleman attained distinction in by-gone years, for he taught the structure and functions of all the organs of the human body with singular tact and fidelity.

Medical researches, conducted at the age to which Dr. Ingalls has arrived, are an honor to those who engage in them, but a reproach to many younger members of the profession. While they imagine themselves overwhelmed with business that forbids their attention to close medico-literary pursuits, the men of grey hairs, who have long labored in raising the standard of medical science to its present elevated position, keep laboring to raise it higher by never-tiring industrial efforts. William D. Ticknor & Co. are the publishers, Washington street, Boston.

Clinical Digest.—B. H. Tripp, M.D., of Concord, N. H., is devotedly engaged in preparing a Clinical Digest, of the best authorities extant, for the treatment of medical and surgical diseases. He contemplates a volume of about 400 pages. If industry, and sound discretion in the selection of materials, under the advisory assistance of the most judicious medical gentlemen in the State of New Hampshire, are of any account in the enterprise, an excellent compilation may be expected.

Artificial Limbs.—At Meredith Bridge, N.H., Mr. B. F. Palmer carries on the manufacture of artificial limbs to a degree of perfection that both astonishes and delights all who have examined his ingenious life-like looking workmanship. We saw, at the late fair in Quincy Hall, specimens of this very useful branch of business; but a leg worn by himself, constructed in his own shop, was the ne plus ultra of mechanism. Should the Mexican war continue much longer, the demand upon Mr. Palmer's establishment must actively increase. We shall speak more particularly of these artificial aids to suffering humanity very soon.

Progress of the Cholera in Europe and Asia.—Foreign papers announce that this dreadful scourge is again making its appearance in different parts of Europe and Asia. Its approach is creating alarm with those who have watched its progress from the plains of Scinde towards Western Europe. About eighteen months since, it ravaged the banks of the Indus with awful severity, inflicting serious loss upon the British troops at Kurrachee and Hyderabad. About the same time it raged in Afghanistan; spread from thence into Persia, which it traversed from east to west, spreading to the northward into Tartary, and southwardly into Turkish Kurdistan, and the pachalic of Bagdad. Early in the present year, it made its appearance to the west of the Caucasian mountains, and committed great ravages in the Russian army acting against the Circassians; and we just now learn of its re-appearance in Europe, having broken out at Taganrog, Marianopolis, and other ports on the westerly shores of the sea of Azof, Kief, Smolensk, Riga, Tiflis, Kars, Kontais and Trebizond. Great alarm is felt at Warsaw,

where the authorities were preparing hospitals. As in its former progress towards Europe, in the years 1830 and 1831, the general course of the pestilence has been nearly due north-west; and it seems, so far, to have travelled at about the same rate as on that occasion. In 1831 it made its appearance on the shores of the Baltic (at Riga, Dantzig and Memel), in the month of May, at Vienna and Berlin in August, at Hamburg in October, and reached England in the beginning of November.'

The Barbier Disease.—Geo. A. Perkins, M.D., formerly of this city, but now in the Episcopal Missionary service at Fishtown, Cape Palmas, in Western Africa, transmits a journal of occurrences at that station, from one period to another, which is published in the *Spirit of Missions*. An occasional medical record appears, of what he has seen or discovered, which invariably possesses interest, from the circumstance that the diseases of that part of the great African continent, are, many of them, wholly unlike those with which physicians are familiar in this country. The following condensed case is an illustration. Nov. 17, 1846—Minleh, a member of the missionary school, had been complaining several days of disordered bowels, but finally sent for Dr. Perkins because he was unable to move the lower limbs. He had a pricking sensation in the skin, and numbness of both legs below the knees, and both arms also, below the elbows; besides, there was such a degree of hoarseness as to make talking difficult. On the 25th of the same month, a native girl, connected with the institution, sickened precisely in the same manner. Minleh's sense of feeling was so far lost, that his hands and feet felt like wood, and were very cold. Dr. Perkins resorted to a variety of means, but without affording any relief whatever. Frictions with strong ammonia, pepper, &c., were totally unavailing. Blisters to the calves of the legs, together with friction along the spine, ultimately gave some relief. In tropical climates, barbier is the name given to this disease.

Successor to Professor Hare.—Through the *Medical News* and Library it gives us pleasure to learn the appointment of James M. Rogers, M.D., to the chair of Chemistry in the Medical Department of the University of Pennsylvania. Prof. R. is an eloquent lecturer and an accomplished chemist, and will well sustain the reputation of the school.

Honors to Medical Men Abroad.—The King of the Belgians desiring to present to M. Orfila a public testimonial for the numerous and eminent services he has rendered medicine, has conferred on him the dignity of officer of the Civil Order of Leopold. By the same royal command, also, the celebrated physician, M. Hecker, Dean of the Faculty of Medicine of Berlin, has been made a knight of the same Order. Further, Dr. Fallon, chief physician of the Belgian army, has been created an officer, and Dr. Cunier, Surgeon of the Ophthalmic Hospital, Brussels, a knight, of the Order; both on account of their eminent services to the army and to science, and especially to ophthalmic medicine.—*London Lancet.*

The Phrenological Society of Edinburgh.—This Society had about £14,000 left it, some time since, by Dr. Robertson, of Paris. The gene-

ral legatee, Dr. Verity, in consequence of the defective wording of the will, retained the money. The Society commenced proceedings in the French courts, and obtained an order to Dr. Verity to pay a certain sum into court, which was set aside, as bad in law, on appeal to the supreme court. Consequently the Phrenological Society may be held to have definitively lost its cause.—*Ibid.*

Election by Concours.—It is stated, that the three Faculties of Medicine, of Paris, Montpellier and Strasbourg, have given their voice, in answer to the request of their opinion, made by the Minister of Public Instruction, in favor of the maintenance of the election to vacant professorships by concours. The French Reform Bill just passed the Chamber of Peers, annulled the mode of election by concours for professorships, which had existed for some years, and it is on this ground that most of the opposition to the Bill is raised by the French profession.—*Ibid.*

Medical Miscellany.—Dr. Channing, having been Dean of the Medical Faculty of Harvard College for twenty-two years, has resigned the office, and Dr. Holmes has been appointed in his place.—Dr. Dan Foote, of Chenango Co., N. Y., has been convicted of manslaughter, having inflicted blows on his wife which caused her death, and is sentenced to the State Prison for life.—Dr. Coolidge's trial for murder in Me., has been set down for January.—Dr. Racy, of Montreal, whose exertions in favor of the sick immigrants have been unbounded, has been attacked by the fever. His case is, however, favorably spoken of.—The quarantine establishment at Grosse Isle will be broken up in a few days.—The show of dental apparatus and elegant workmanship in gold, at the late fair in Boston, was enough to make a visiter proud of the mechanical ingenuity and skill of his countrymen. The same remark holds good in regard to the specimens of surgical cutlery at the same exhibition. We should have been perplexed in deciding which and what had the preference, such was the beauty and high finish of the whole.—According to the *Gazette Médicale*, a young woman, in Paris, went to a dentist to have a tooth extracted. To avoid the pain, she was persuaded to inhale the vapor of ether. While under its influence she was violated. The dentist has been arrested.

To Correspondents.—Communications have been received, from Dr. Kidder on Typhus, Dr. Handy on Obstinate Constipation, Dr. Castle on the Pathology of the Teeth, Dr. Kingsbury on Cases at the Hospital at Blackwell's Island, and "Paracelsus" on Medical Ethics.

MARRIED.—In New York, Dr. James M. Minor to Miss E. H. Pierpoint.—Dr. C. C. Saunders, of Manchester, Ontario Co., N. Y., to Miss C. Van Satvoord.

DIED.—At Tuspan, Mexico, Dr. Jalan Schanck, Assistant Surgeon U. S. A., a native of N. J.—At Skowhegan, Me., Dr. William Dyer, 30.

Report of Deaths in Boston—for the week ending Oct. 30th, 75.—Males, 35—females, 40.—Stillborn, 6. Of consumption, 4—typhus fever, 13—disease of the bowels, 7—dysentery, 10—cholera infantum, 2—diarrhoea, 5—lung fever, 3—scarlet fever, 2—croup, 3—asthma, 1—old age, 1—infantile, 6—smallpox, 1—ulcer, 1—dropsey on the brain, 2—suicide, 1—disease of the heart, 2—marasmus, 2—inflammation of the brain, 1—teething, 1—tumor, 1—disease of the liver, 1—hemorrhage, 1—accidental, 1—intemperance, 1.

Under 5 years, 24—between 5 and 20 years, 13—between 20 and 40 years, 18—between 40 and 60 years, 11—over 60 years, 9.

Beef-tea.—When one pound of lean beef, free of fat, and separated from the bones, in the finely chopped state in which it is used for beef sausages or mince-meat, is uniformly mixed with its own weight of cold water, slowly heated to boiling, and the liquid, after boiling briskly for a minute or two, is strained through a towel from the congealed albumen, and the fibrine, now becoming hard and horny, we obtain an equal weight of the most aromatic soup, of such strength as cannot be obtained, even by boiling for hours, from a piece of flesh. When mixed with salt, and the other usual additions by which soup is usually seasoned, and tinged somewhat darker by means of roasted onions or burnt sugar, it forms the very best soup which can in any way be prepared from one pound of flesh.—*Liebig.*

Frequency of Hernia in the Human Race.—By Arnaud it has been calculated that one-eighth of mankind are the subjects of it. Mr. Turnbull, surgeon of the London Truss Society, states, that "after most diligent and general inquiries throughout the kingdom, he is induced to take them, male and female, and of all ages, upon an average of 1 to 15." This estimate was sanctioned by Monro, supported by the authority of Gimbernat, and was, for many years, generally adopted by European surgeons. It is undoubtedly too high, but other surgeons have erred in the opposite extreme. From a return made by Dr. Vesturme, Inspector-General of the German Legion, it appears, that of 40,460 recruits examined, 365 were rejected on account of their being affected with hernia,—nearly 1 in 111; or a little less than 1 *per centum*; and of 12,835 recruits inspected in Dublin, 116 were rejected on account of the infirmity, or 1 in 110; and it has been supposed that these returns afford a tolerably correct view of the general frequency of hernia, at least in the male population of European states; but the estimate is obviously too low, for many persons afflicted with hernia, and knowing it to be a ground of disqualification for military service, would on this account be prevented from enlisting. A nearer approach to the truth, as far as regards the male population of France of 20 to 21 years of age, may be obtained from the records of the French conscription. Thus, according to M. Malgaigne, of 10,247 persons examined from 1816 to 1823, in the department of the Seine, 314 were hernal, or 1 in 32; and of 754,875 examined throughout the whole of France, from 1831 to 1837, 24,221 were exempted on account of hernia, or nearly 1 in 32. Assuming, then, that there is 1 hernal subject in 32 males in France of 20 to 21 years of age, and calculating the relative proportions of hernal subjects at different ages and in each of the sexes, M. Malgaigne arrives at the following estimate—namely, that there is 1 hernal subject in 13 of the whole male population of France; 1 in 50 of the whole female population; and 1 in 21½ of the entire population. From various observations M. Malgaigne infers, that the relative proportions of hernia in men and women is as 4 to 1. Other statements show a great preponderance of hernia in the male sex; but it may be justly supposed that it is greater than really exists, since women, from motives of delicacy, as well as from their being less engaged in such laborious occupations as compel the hernal subject to seek relief, are less likely than men to be the applicants at a public institution.—*Teale's Practical Treatise on Abdominal Hernia.*